Much has been said in favor of sulphur waters taken internally, and they could here be well dispensed with.—*Centralblatt für die gesamte Therapie*, 1902, Heft. vii. S. 385.

Yeast as a Remedy.—DR. HEINRICH PASCHKIS has carefully examined the action of yeast in fermentation, and states that it is hard to understand how it acts deleteriously upon the cocci which underlie the disease. There is certainly no direct action of the plant cells, nor can the minute quantities of alcohol formed be held responsible, and it seems as if by the presence of yeast abnormal processes in the alimentary canal are corrected and a cure thus brought about. Other conditions for which yeast is employed are anthrax, axillary adenitis, phlegmonous acne, and certain cases of sycosis. After-effects are acid eructations and diarrhœa. Certain writers have seen good effects in diabetes and diseases of the pancreas. The proper dose is seventy-five to one hundred and fifty grains daily in one to three doses with the chief meals. The different preparations vary considerably in strength.—*Wiener klinische Wochenschrift*, 1902, No. 31, S. 791.

PEDIATRICS.

UNDER THE CHARGE OF

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The Management of Infectious Diseases in Paris.—RUHRAH (*Pediatrics*, June 15, 1902, p. 449) reviews briefly the interesting investigations of Grancher concerning the transmission of infectious diseases as observed in his wards at the Hôpital des Enfants Malades.

Reasoning that antisepsis with isolation of the patient should give the best results in preventing the transmission of infectious diseases, Grancher began experimenting about 1888, and has finally evolved a system of hospital control that should be carefully studied by all those concerned in the management of hospitals for infectious diseases.

The leading principles of Grancher's system are contained in this dictum: Air infection does not exist where the patient does not expectorate and where dust is suppressed; on the contrary, infection is by infected objects—that is to say, by contact, direct and indirect. In order to avoid infections it is necessary to purify immediately the hands and objects soiled by contact necessary in the examination and care of the patient, and, secondly, to diminish contact with children with infectious diseases and with those supposed to be infected.

In the management of the ward the first care is the suppression of dust. To maintain this the floors are paraffined and are washed twice daily with a solution of sublimate. The walls are painted and are washed twice a week with sublimate solution. The second care is the isolation of the patient. A metal screen, 1.25 metres high, surrounds the bed. One end is left open, so that it may be entered. On entering the screen both physicians are gowned, and on leaving the hands are disinfected by washing with soap and brush, followed by the use of a 1:1000 sublimate solution. The gowns for each patient are hung on the screens of the respective beds. All mattresses and bedding are sterilized by steam, and all the linen and articles used for feeding are boiled in water. The food is served on wire trays. After the meal the napkin and feeding utensils, with the tray, are placed in a pot of water with a little carbonate of sodium and boiled for five minutes. The beds are of iron, and are disinfected by scrubbing with an acid solution of sublimate.

Infectious cases developing in the ward are not removed, but are treated in the same room with the other cases, and the same nurses handle both the infectious and non-infectious cases. All of them are obliged to take the same rigid precautions. A number of infections could be directly traced to importation by visitors. In order to avoid the introduction of contagion by new cases, all new cases and newly admitted patients are regarded as suspects, and are isolated behind screens just like the contagious ones. If at the expiration of twenty days they have not developed any infection they are released.

The results of this system of caring for contagious cases are very significant. Previous to the change an average of 36 cases of measles developed in the wards; during the decade following, under the special precautions, the annual average was reduced to 11. With varicella, about the same result was shown. With diphtheria the results were very remarkable. Previously there had been an average of 12 infections yearly in each of two wards. Afterward, during the next ten years, in one ward there was not a single case of infection, and in the other there were only 6 cases, 5 of which were imported by visitors. Cases occurred in the wards during this period, but they came in either as developed cases or during the stage of incubation. Of the other infections, scarlet fever was practically controlled, and whooping-cough, mumps, and bronchopneumonia were practically entirely suppressed.

Tetany and its Relation to Cow's-milk Feeding.—FINKELSTEIN (*Bulletin Médicale*, 1902, p. 683) presents some interesting features in connection with latent tetany, a condition characterized only by electrical hyperexcitability of the nerves and muscles (Erb's sign). He has observed that this hyperexcitability, with or without other symptoms of tetany (laryngospasm, Trousseau and Chvostek phenomena), exists in 30 per cent. of all infants fed on cow's milk, but is never found in breast-fed infants nor in those fed upon farinaceæ, broths, and eggs. In the latter class Erb's sign may be obtained if the serum of cow's milk is administered. From this he concludes that the substance which produces tetany is not in the casein or in the fat, but in the serum. On the other hand, the author has been able to convince himself that with an infant affected with latent tetany the neuromuscular